

Increased central venous pressure in a patient with pruritic skin lesions

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CASE REPORT

A 47-year-old man was referred because of progressive dyspnoea and eosinophilia. His symptoms started one year before, following a flu-like febrile illness of two weeks. Two months later, an effusive pericarditis was diagnosed for which the cardiologist performed drainage and prescribed diuretics. At that moment the patient had eosinophilia with counts up to $1.65 \times 10^9/l$ with progressive pruritic skin lesions diagnosed by the dermatologist as dermatomycosis. After ruling out other apparent aetiologies for eosinophilia, including parasitic infections and allergy, the diagnosis of hypereosinophilic syndrome (HES) was made by the internist and prednisone was started. Under this therapy the eosinophil count normalised and the complaints of prurigo subsided. However, because the body weight increased more than 20 kg and dyspnoea further progressed, the patient stopped the prednisone.

On physical examination the patient appeared dyspnoeic after walking 25 meters. The central venous pressure was clearly increased (> 10 cm H₂O; *figure 1*). Blood pressure was 138/110 mmHg, with a fall of the systolic blood pressure during inspiration to 118 mmHg. Percussion, auscultation and palpation of the chest were compatible with the presence of right-sided pleural fluid. The liver was 8 cm palpable under the right costal margin. There was firm, only slightly pitting oedema of both legs, with an oedematous and erythematous aspect with pruritic papules and nodules around both knees (*figure 2*).

WHAT IS YOUR DIAGNOSIS?

See page 273 for the answers to this photo quiz.



Figure 1
Distended external jugular vein as a sign of increased central venous pressure



Figure 2
Oedematous erythematous skin with papulonodular lesions around the knee